

WENHAM BOARD OF HEALTH

APPLICATION FOR LICENSE OF *PROFESSIONAL PRACTITIONER* OF MASSAGE THERAPY

Please supply the following information and documents:

I. NAME _____

HOME ADDRESS _____

PHONE () _____

BUSINESS NAME _____

BUSINESS ADDRESS(S) _____

PHONE () _____

DATE OF BIRTH _____

II. TRAINING

A. Educational

Please attach documentation from your educational program.

B. Certification of Licensure

Please attach documentation.

APPLICATION FOR LICENSE OF *PROFESSIONAL PRACTITIONER* OF MASSAGE THERAPY

III. REFERENCES

Name	Address	City	State	Zip	Phone

- IV. A. Please submit proof of a physical examination including a skin test for tuberculosis completed within the past 45 days.
- B. Please submit one face-front photograph at least 2" x 2" taken within 30 days prior to submission of this application.
- C. Please submit 2 forms of positive I.D. or a valid passport indicating you are 18 years of age or older.

V. Please submit a fee of \$100.00 dollars.

VI. I have received, read and agree to abide by the Rules and Regulations of Massage Therapy in the town of Wenham. I am informed of and agree to abide by the standards for practice and ethical guidelines of my professional association. I certify that I have not herein misrepresented my training, credentials or title, nor shall I misrepresent them to the public.

Professional Practitioner Signature _____

Date _____